Task Force on Co-Occurring Mental Illness and Substance Abuse Disorders

Final Report

Presented to the
Indiana Family and Social Services Administration
Division of Mental Health
Advisory Council
September 2, 1999

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ACKNOWLEDGMENTS

This final report of the Task Force on Co-Occurring Mental Illness and Substance Abuse Disorders would not have been possible without the knowledge, collaborative work and dedication of the Task Force members. The information shared by experts in mental health and substance abuse research and service delivery was also vital to the success of this project and is sincerely appreciated.

The contributions of the following individuals are deserving of special recognition:

- Roberta Greene, Ph.D., who served as Chairperson and whose leadership skills steered the Task Force through the process.

- Becky Banks whose facilitation skills helped the Task Force to identify key issues and to develop recommendations.

- Blas Davila for his ability to summarize the discussions into a comprehensive yet concise and usable format.

The excellent presentations and materials provided by the following individuals enabled the Task Force to have the necessary information and knowledge base to complete their work successfully:

- Craig Andler, Midtown Mental Health Center, Indianapolis, Indiana.

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- Jim Soper, Richmond State Hospital, Richmond, Indiana.

- Mel Voyles, California Department of Mental Health, Sacramento, California.

- Donald Wright, Richmond State Hospital, Richmond, Indiana.

- National Association of State Mental Health Program Directors (NASMHPD), National Technical Assistance Center (NTAC), Alexandria, Virginia.

An enormous debt is owed to four consumers who shared their time, insight and personal stories with the Task Force. Terrill Allen and Mike Maloney served as members of the Task Force and were continuing reminders that better services for consumers was the ultimate objective. Sally Hogue and Mike Alexander were kind enough and brave enough to share their experiences with a room full of strangers. These four persons played a significant role in the deliberations and recommendations of the Task Force.

The ongoing dedication and support of the Division of Mental Health, especially the staff members of the Office of Public Policy, were essential to the working of the Task Force and their efforts are appreciated.

Once again, thank you to all who contributed and congratulations on a job well done.

John McIlvried, Ph.D., Chair
Division Of Mental Health Advisory Council

FINAL REPORT

TASK FORCE ON CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS

EXECUTIVE SUMMARY

SEPTEMBER 1999

During the fall of 1998, the Division of Mental Health Advisory Council requested that a Task Force be formed to study issues related to services for persons with co-occurring mental illness and substance abuse disorders. This topic has been identified at both the state and national level as a critical issue.

A task force was appointed and work began in January 1999. Through seven one-half day meetings, over a period of eight months, the Task Force studied the issue by hearing from top experts in the field looking at model programs, reviewing the latest research and literature and receiving input from consumers. The Task Force adopted as its goal:

One seamless system of services for people with co-occurring mental illness and substance abuse disorders

The Task Force presented its Final Report to the Division of Mental Health Advisory Council on September 2, 1999.

SUMMARY OF KEY FINDINGS

Scope of the Problem[1]

- Two hundred twenty-three thousand (223,000) Hoosiers have at least one co-occurring mental illness and substance abuse disorder.
- A majority of the 160,560 adults (ages 18-54) in Indiana with co-occurring mental illness and substance abuse disorders, who are living independently, are receiving no treatment.
- The severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance abuse.

[1] Based on data from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), 1998.

Recommendations

The Task Force developed 12 recommendations, which are summarized in the following five (5) major categories:

- Conceptual Framework

  The State should adopt the conceptual framework developed by the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) as a model for a comprehensive system of care and revamp funding accordingly.

- Education and Training

  The State should encourage the education and training of sufficient numbers of personnel to effectively serve consumers with co-occurring disorders by working with universities and credentialing bodies.

- Research

  The State should encourage and support research related to service effectiveness for consumers with co-occurring disorders.

- Service Delivery

  The State should promote and support interagency cooperation, collaboration and integration of services to increase consumer access to services and to improve the quality and outcomes of services.

- Criminal Justice

  The quality and availability of services provided to consumers with co-occurring disorders by all State and local components of the criminal justice system should be examined.

INTRODUCTION

Services for persons with co-occurring mental illness and substance abuse disorders have been identified at both the state and national level as a critical issue. The Division of Mental Health Advisory Council requested that a task force be established to study the issue and develop recommendations for action to better serve this population. The Task Force was established and held its first meeting on January 29, 1999. The Task Force adopted as its goal: ***"One seamless system of services for people with co-occurring mental health and substance abuse disorders."***

Based on data from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), it is estimated that 223,000 Hoosiers have at least one co-occurring mental health and substance abuse disorder. Approximately 66,000 Indiana citizens have three or more disorders and 22,300 have four or more disorders. It is also estimated that 160,560 adults (ages 18-54) are living independently and a majority of these individuals are receiving no treatment. SAMHSA data also indicates that the severity of emotional and behavioral problems among adolescents is associated with increased likelihood of substance abuse.

The Task Force studied and endorsed the conceptual framework and recommendations developed jointly by the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in June 1998 in Washington, DC. The recommendations address the lack of coordination for persons with co-occurring mental illness and substance abuse disorders. During the study by the Task Force, they reviewed the current literature, discussed the latest research, and looked at model programs in California and South Carolina. In addition, the Task Force heard presentations about the MICA (Mental Illness-Chemical Addiction) Units (STAR and New Horizon Program) at Richmond State Hospital, and the Midtown Mental Health Center's Addiction Integrated Services (AIS). A panel of consumers also provided their point of view about the delivery of services. Final meetings were focused on coming to general consensus on the recommendations submitted in this Task Force Report.

CONCEPTUAL FRAMEWORK

The Task Force supports the conceptual framework and recommendations developed jointly by the National Association of State Mental Health Programs Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD). The *National Dialogue on Co-occurring Mental Health and Substance Abuse Disorders,* held in June 1998 in Washington, DC, indicated that a number of barriers to the provision of appropriate services for people with dual-diagnosis existed. They particularly noted that "there is no single focus of responsibility for people with co-occurring disorders. The mental health and substance abuse treatment systems operate independently of one another, as separate cultures, each with its own treatment philosophies, administrative structures, and funding mechanism."

To address this lack of a single foci and proper coordination, a new paradigm was suggested for considering the needs of persons with co-occurring mental illness and substance abuse disorders. It focuses on the issue in terms of severity of the disorders and location of service delivery.

The concept recognizes that person with low severity of disorder are usually served by the primary health care system. People with a more severe either mental illness or substance abuse disorder tend to be served by a specialty provider for mental illness or substance abuse services. The selection of the provider is more often based on which disorder is considered most severe. Persons who have both severe mental illness and substance abuse disorders are best served by providers with integrated services.

The concept also supports the need for consultation for primary health care providers, encourages collaboration between specialty providers and urges the development of integrated services to serve those that have both severe mental illness and substance abuse disorders.

The conceptual framework is explained in greater detail by the following three illustrations from the national report.

Illustration No. 1

This diagram illustrates how co-occurring mental illness and substance abuse disorders can be separated into four distinct categories based on the severity of the disorders.

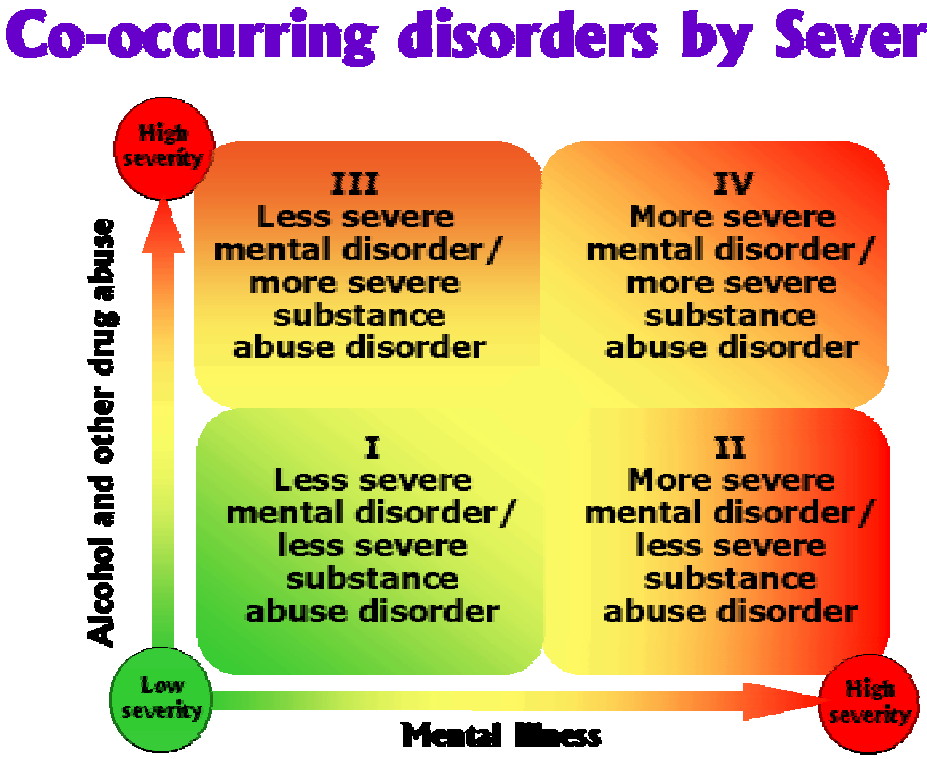


Illustration No. 2

Based on the category determined in Illustration No. 1, the primary provider of service can be identified by using the following chart.

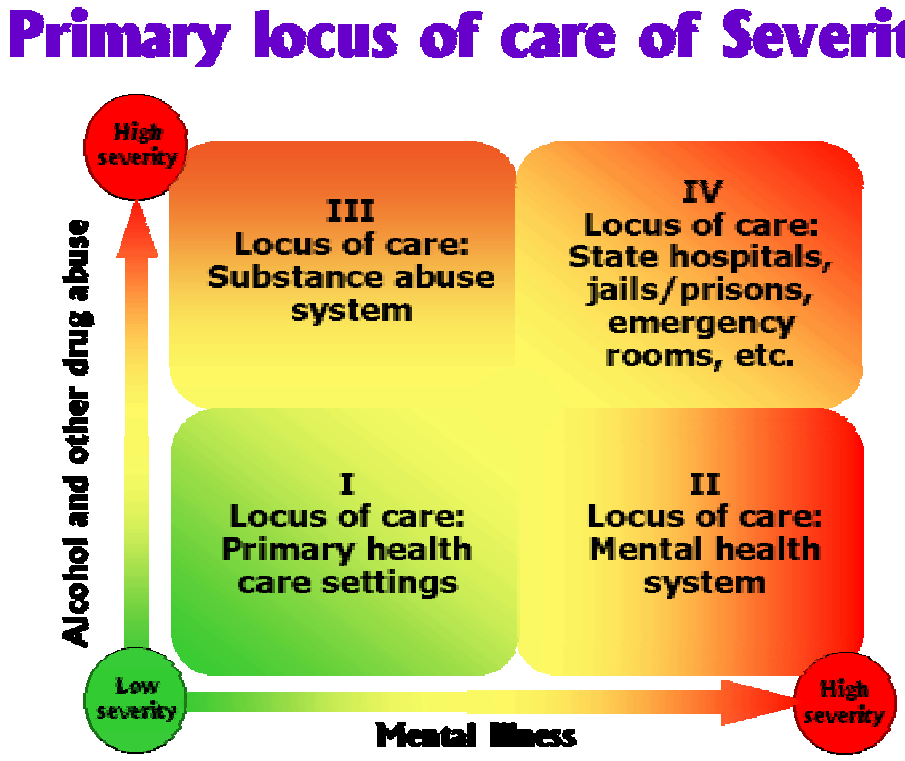
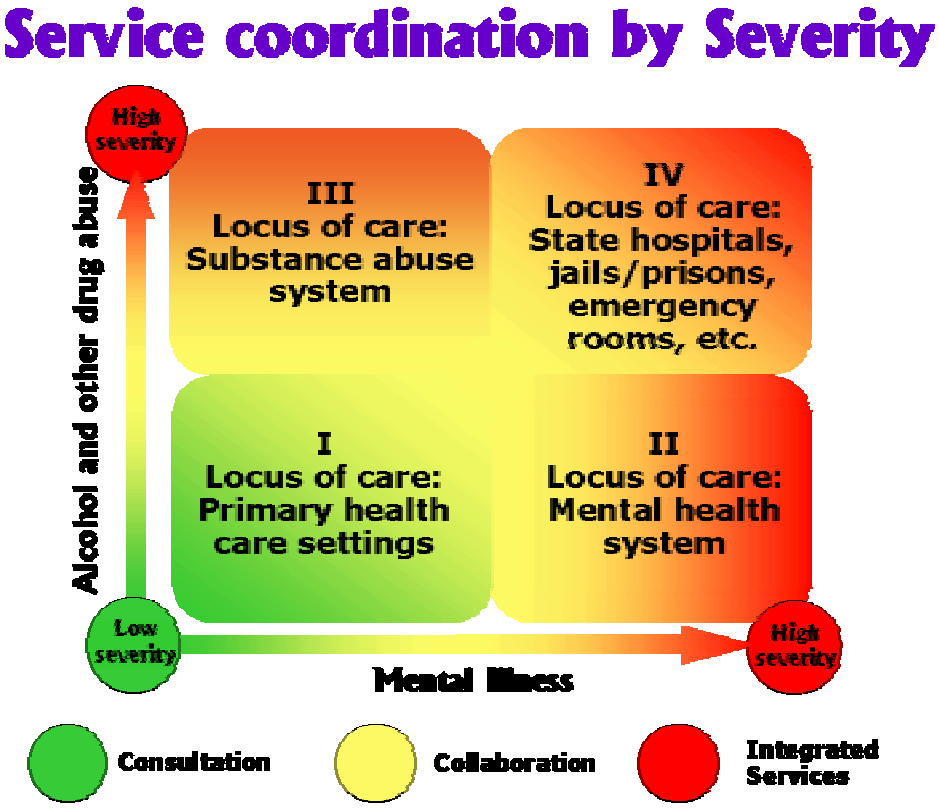


Illustration No. 3

The following graphic indicates the most appropriate type of care (consultation, collaboration or integrated services) by level of severity.



GUIDING PRINCIPLES

The Task Force recommends that the Division of Mental Health consider the following guiding principles as policy initiatives are undertaken.

The system of care for persons with co-occurring disorders should be *consumer* focused.

Consumers should:

- Be informed of consumer rights.
- Have choice of provider agencies and clinicians.
- Participate in treatment planning (with families and support systems) including choice of treatment options.
- Participate in evaluation of services and service providers including consumer satisfaction.

Services for people with co-occurring disorders should:

- Recognize the special needs of consumers with co-occurring disorders.
- Be based on individual needs and not on the availability of funds or programs.
- Be scientifically based including the latest research and best practices.
- Be available statewide and as needed including in all state hospitals and correctional facilities.
- Be culturally competent and meet the needs of diverse consumers.
- Provide individual and family support such as access to housing options, childcare, and transportation.

Funding for services should:

- Be sufficient to allow for access to appropriate services.
- Be based on consumer needs rather than support of programs of agencies.
- Utilize and effectively manage entitlements.
- Assure properly trained clinicians that are knowledgeable about the special needs of consumers with co-occurring disorders.
- Promote and support interagency cooperation, collaboration, and integration of services.

RECOMMENDATIONS

- The Division of Mental Health should move to speedily adopt the National Association of State Mental Health Program Directors (NASMHPD) and the National Association of State Alcohol and Drug Abuse Directors (NASADAD) model of service for a comprehensive system of care.

  The participants of the Task Force urge that there be support for an integrated system of care at Indiana's highest levels of government to overcome the historical barriers to care for consumers with co-occurring disorders. Individuals, including children and adolescents, are increasingly at risk and could better be served by a well-coordinated system of care.

- The Division of Mental Health should give priority to consumers with co-occurring mental illness and substance abuse disorders by collecting and monitoring data, researching and evaluating needs, reexamining funding streams, and initiating dialogue among agencies and providers about the comprehensive model with the goal of integrating services.

  The participants of the Task Force suggest that there needs to be a better understanding of consumers with co-occurring disorders who are currently receiving care. Agencies can work more deliberately with this information and the opportunity to dialogue and coordinate their efforts.

- The Division should develop provider standards and designate qualified providers that have the capability of providing integrated services to persons with co-occurring disorders. An endorsement process, similar to the endorsement for gambling services is recommended.

  The participants of the Task Force believe that in this era of increased health care needs targeted funding will help to ensure appropriate care to consumers with co-occurring disorders.

- The Division should develop a new funding category for co-occurring disorders that differentiates between levels of severity.

  The participants of the Task Force, recognizing that consumers may seek care from mental health agencies, substance abuse care systems, or primary care providers, urge that services be organized according to severity or level of acuity of the disorder and the needs of the individual. (See Illustration 1 – Co-Occurring Disorders by Severity) The greater the intensity, the more the need for an integrated service. Collaboration that is more formal is needed as severity of people's disorder increases.

- The Division should encourage consumers' access to an array of services by seeking more widespread and flexible service collaboration among service providers.

  The participants of the Task Force propose that agencies must have a shared vision and commitment to serving consumers with co-occurring disorders. At the lowest level of intensity of the disorder, consultation, which ensures attention to both mental illness and substance abuse issues, is necessary.

- The Division should encourage agencies to provide and create services with individualized treatment plans based on consumer needs. Standards should be developed for services to this population.

  The participants of the Task Force appreciate that each consumer has specific needs that should be addressed in treatment planning. The treatment team should make every effort – in consultation with the consumer-family – to tailor the plan to the consumer's medical and psychosocial needs (to include childcare, housing, employment, and transportation).

- The Division should encourage both the initial education and training and subsequent continuing education of sufficient numbers of personnel to effectively serve people with co-occurring disorders.

  The participants of the Task Force realize that personnel serving consumers with co-occurring disorders require specialized education and training. This would include, among others, physicians, lawyers, and mental health and substance abuse professionals, such as psychologists, nurses and social workers. Efforts should be undertaken to initiate staff development and continuing education at all state and community based agencies/facilities. Universities and professional organizations should be contacted and encouraged to examine curriculum in light of the needs of consumers with co-occurring disorders.

- The Division should encourage research related to quality of outcomes and service effectiveness for consumers with co-occurring disorders.

  Recognizing that competent service is based on knowledge of the field, members of the Task Force noted that not enough is understood about the quality and effectiveness of services. Members urge a targeted research agenda around outcome studies and clinical paths.

- The Division should identify and promote services that are scientifically based; recognized by experts in the field as best practices and that utilize the latest technology.

  Consumers with co-occurring mental illness and substance abuse disorders should have access to the best services available to meet their needs. Ongoing review of the latest research, current literature, model projects, and technological advancements are necessary to accomplish this objective.

- This Division should encourage communities and other state agencies to seek public and private funding (grants) to building infrastructure for housing, transportation, childcare, and employment services.

  Among the greatest barriers to consumer care are transportation and childcare. There is also a need for consumers to have housing and employment opportunities. Therefore, the members of the Task Force suggest the Division act as a catalyst and facilitate the building of community-based infrastructure.

- The Division should work with advocacy groups, support groups, and consumer/family groups to promote an agenda that supports an array of services for consumers with co-occurring disorders.

  The members of the Task Force believe that it is essential that consumers and their families advocate for their needs. Consumers should be encouraged to develop and maintain advocacy efforts to promote improvement and expansion of co-occurring mental illness and substance abuse disorder services.

- The relationship between the Division and all state and local components of the criminal justice system should be assessed and enhanced.

  Indiana prisons, jails, and juvenile detention centers contain many consumers with co-occurring disorders. Many other such consumers are under the jurisdiction of a variety of agencies and entities including the Department of Correction, community correction programs, courts and probation offices. The members of the Task Force urge those personnel in these facilities, agencies and offices receive training on co-occurring disorders and that quality treatment be available for consumers.

APPENDIX A

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APPENDIX B

SUMMARY OF MEETINGS

TASK FORCE FOR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE ABUSE DISORDERS

This Task Force group was appointed by the Indiana Division of Mental Health at the request of its Advisory Council. Its mission was to assess the status of co-occurring disorders (mental illness/substance abuse) and to develop recommendations on improving services to this population in Indiana. Such recommendations are to be made to the Mental Health Advisory Council. All meetings met on the last Friday of each month (January-August) with the exception of the month of May.

Under the leadership of Roberta Greene, Ph.D., Chair, the first meeting was devoted to defining the responsibilities of the Task Force and identifying the issues to be addressed. Ms. Becky Banks directed a session of creative problem solving and brainstorming that yielded six categories of topics/issues as follows:

1. *COMMUNITY ISSUES* including transportation, education, resources in rural areas, and childcare.

2. *CONSUMER ISSUES* including managing entitlements, family treatment, consumer involvement, and advocacy.

3. *POLICY ISSUES* including Federal and State, HAP, and criminal justice.

4. *SYSTEM ISSUES* including reimbursement, coverage, and access to care, clinical pathways, case management, and continuum of care.

5. *CLINICAL ISSUES* including assessment, chronicity, clinician competency, case loads, integration of dual treatment, lack of resources, quality of care, knowledge of legal issues, and teams.

6. *ACROSS THE BOARD ISSUES* including education for consumers and providers.

Proposed for future meetings was examining model programs, exploring best practices in case management, diagnosis and treatment of dual disorders, looking at outcomes in communities with co-occurring treatment programs, and model treatment programs for clinicians and counselors.

The second meeting (February 26, 1999) of the Task Force focused on a presentation by William Lawson, M.D., Chief, Psychiatry Services, VA Medical Center, who described a broad and comprehensive view of the problems of co-occurring mental

illness and substance abuse. Doctor Lawson noted that drug induced states often look like mental disorders and that the mentally ill are at increased risk for drug abuse. Estimated 50% of diagnosed schizophrenics abuse alcohol and other drugs. More than 50% of bipolar/manic individuals are abusers. Half of Axis II's diagnosis abuse. Doctor Lawson detailed the severe consequences in health, social, and economic status of substance abusers plus the increases in homelessness, family burdens, service utilization, and overall cost to the community. Doctor Lawson outlined the incompatibilities in the two primary service systems, the medical model and the recovery model. In some ways, these represent conflicting philosophies. A variety of needs that must be addressed before the two systems can be effectively integrated were delineated. Doctor Lawson gave a brief description of the VA Substance Abuse Treatment Section that addresses co-occurring disorders in chronic mentally ill clients in one of two treatment tracts.

Mr. Craig Andler of the Midtown Mental Health Center's Addiction Integrated Services (AIS) described services to persons with co-occurring mental/emotional disorders and substance use disorders at the March meeting of the Task Force. Clients enter the program at Acute Services at Wishard Hospital, are evaluated and, based on the nature and severity of mental disorder the addiction problem, they are referred to one of a variety settings including in-patient or outpatient, psychosocial rehabilitation, family services, and alcohol and drug clinics. The program includes a range of services such as detox, health clinics, and court services. Mr. Andler cited a National Strategy that emphasizes research and interventions with children and adolescents. Mr. Andler made note of a category of chemical abuse called CNSSOCE, caffeine, nicotine, sugar, salt, over the counter drugs.

At the same March meeting, the Task Force heard by teleconference from Tracy D. Gunter-Justice, M.D., at the Morris Village, Columbia, South Carolina, regarded as a model treatment program for addicted persons with mental illness. The program consists of a 20-bed unit providing 24-hour nursing care using a multidisciplinary treatment approach. In addition to psychiatric services, case management, psychological evaluation, vocational assessment, and activity therapies are provided. Patients stay an average of 45 days. The unit was established when the South Carolina Department of Mental Health found that a large proportion of clients who were "high users" of mental health services were dual-diagnosed individuals. Patients are introduced to support groups that use the 12-step approach. A summary of findings of an outcome study of the first 100 discharges from the unit. The program has a 40% readmission rate.

In April, Mr. Willard Mays presented a summary of the *National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders* held in June 1998, co-sponsored by NASMHPD and NASADA and supported by SAMHSA. This was a significant assembly of mental health commissioners, drug abuse directors, experts, and Federal officials who met to address the critical issue of co-occurring mental health and substance abuse disorders. The conference sought to define the population, identify specific subgroups, describe an effective service system to meet the needs of these groups, and to make recommendations for future strategies. The conference adopted a conceptual framework that views co-occurring disorders in terms of symptom multiplicity and severity, and specifies the level of service coordination needed to improve consumer outcomes. It points to the need for special attention to two groups:

- Individuals, especially children and adolescents who are at risk for developing more serious disease, and

- People with severe substance abuse and mental health disorders found in jails, forensic hospitals, emergency rooms, and living on the streets.

These are the groups most poorly served by the current uncoordinated system.

In addition, at the April meeting, Mr. Jeff Butler, Ms. Lori Bishoff, Mr. Jim Soper, and Mr. Donald Wright from Richmond State Hospital described the MICA Star Program and the MICA New Horizon Program. The Star Program serves consumers with sufficient psychiatric stability to function well in-group sessions that focus on substance abuse. A four-step token economy is utilized. Average length of stay is 80 days. Star counseling staff has had to learn about chronic mental illness. The New Horizon Program targets patients with more severe and persistent mental illness that are dual-diagnosed. Average length of stay is 475 days. Post discharge follow-up surveys are done at one-, three-, and six-month intervals. Compliance declines severely at the six-month measure. Mr. Butler pointed to the problem of finding integrated programs to send discharges. Mr. Butler observed that the new (atypical) antipsychotic medications seem to improve the success rate. AA is not very effective with these consumers.

The April meeting also included a teleconference with Mr. Bill Holland and Mr. Mel Voyles from the California Department of Mental Health describing a number of dual diagnosis treatment programs termed a California Model Program. Mental Health services are decentralized and managed at the county level. The State funds four (4) county projects treating co-occurring disordered consumers. The programs vary in focus, population served, and range of services. Only one is residential, a 12-bed, co-ed unit with aftercare residential units. Cited as a major problem is the integrating of medical and recovery treatment models.

At the June meeting, a panel of consumers, that included Terrill Allen, Mike Alexander and Sally Hogue, discussed the services provided from their point of view. Each described their experiences in diagnoses, hospitalizations, and the problems encountered in the delivery system, including disappointments and successes with the different programs offered to them. Generally, the group praised 12-step recovery programs (groups) and had poor experiences with the Mental Health System. The group urged that consumers be treated with dignity and allowed to make choices.

Mr. George Brenner, an addictions provider, asked the question: “How can we be consumer focused if we are limited in understanding the consumer’s needs: diagnostically, functionally, and clinically?” Mr. Brenner pointed to understandable suspicion of mental health providers in the addiction community. This is rooted in the poor understanding of addiction by mental health professionals. Mental health and chemical dependency are different system. Not “cross-training” but <u>adequate</u> training is needed by professionals. Most physicians (even psychiatrists) have little experience with chemical dependency. Often regard it as a secondary issue. Must recognize that recovery is not a linear process. Relapses must be expected and tolerated. Must work toward a single door, integrated care model. Mr. Brenner identified essential elements of an integrated system. Mr. Brenner described Gallahue’s attempt to become an

integrated care system for dual diagnoses. Still a work in progress. Mr. Brenner discussed a number of barriers to integrated care. In the course of the Task Force's deliberations, the Division of Mental Health has provided a rich variety of documents on the topic that have enriched the participant's fund of knowledge.

The July meeting was devoted to hearing a summary by Mr. Blas Davila of the information that had been presented to and studied by the Task Force. Ms. Becky Banks then facilitated a process to develop ideas for the final report and recommendations. During the following month a subcommittee consisting of Roberta Greene, Ph.D.; Mr. Blas Davila; and Mr. Willard Mays took the ideas and developed a draft of a report. The draft was mailed to all Task Force members for review and comments.

The final meeting of the Task Force, on August 27, 1999, was devoted to reviewing and finalizing the document. The resulting final report was adopted unanimously by the Task Force.

APPENDIX C

RESOURCE MATERIALS

January

"Action for Mental Health and Substance-Related Disorders", Improving Services for Individuals at Risk of, or with, Co-Occurring Substance-Related and Mental Health Disorders, National Advisory Council, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland, January 1997, Updated 1998.

"Co-Occurring Psychiatric and Substance Disorders in Managed Care Systems: Standards of Care, Practice Guidelines, Workforce Competencies, and Training Curricula", Report of the Center for Mental Health Services Managed Care Initiative: Clinical Standards and Workforce Competencies Project Co-Occurring Mental and Substance Disorders Panel, January 1998, Kenneth Minkoff, M.D., Panel Chair, and Cynthia Ajilore, Project Coordinator.

"Biennial Report", Family and Social Services Administration, Division of Mental Health, June 1997.

February

"Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse", Treatment Improvement Protocol (TIP) Series 9, Richard K. Ries, M.D., U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857, DHHS Publication No. (SMA) 95-3061, Printed 1994, Reprinted 1995.

"The Epidemiology of Co-Occurring Addictive and Mental Disorders: Implications for Prevention and Service Utilization", Ronald C. Kessler; Ph.D., Christopher B. Nelson, Ph.D., M.P.H.; Katherine A. McGonagie, Ph.D.; Mark J. Edlund, B.S.; Richard G. Frank, Ph.D.; Phillip J. Leaf, Ph.D., American Journal of Orthopsychiatry, Volume 66: 17-31 (1996).

March

"Midtown CMHC Addiction Integrated Services (AIS)", pamphlet listing offered services, presentation by Craig Andler, Midtown CMHC, 850 North Meridian Street, 2nd Floor, Indianapolis, IN 46204.

"Midtown Community Mental Health Center Addictions Integrated Services Model", slide presentation from Craig Andler, Midtown CMHC.

"Dual Diagnosis Program – Treating Addiction in People with Mental Illness", pamphlet listing offered services, Earl E. Morris Jr., Alcohol and Drug Addiction Treatment Center, 610 Faison Drive, Columbia, South Carolina 29203.

"Outcomes of Dually Diagnosed Patients Treated in a Residential Dual Diagnosis Unit", Tracy D. Gunter-Justice, M.D., Morris Village, 610 Faison Drive, Columbia, South Carolina, March 26, 1999

April

"Richmond State Hospital Discharge Patient Survey", Kay Stephan, HIS, Richmond State Hospital, 498 N.W. 18th Street, Richmond, Indiana 47374.

"420-A Most Common Axis One and Two Diagnosis".

"MICA – New Horizon Program", Richmond State Hospital, 498 N.W. 18th Street, Richmond, Indiana 47374.

"MICA – Star Program (Specialized Treatment and Recovery)", Richmond State Hospital, 498 N.W. 18th Street, Richmond, Indiana 47374.

"The Scope of the Problem-United States, The Scope of the Problem-Indiana, Co-Occurring Disorders by Severity, Primary Locus of Care of Severity, Service Coordination by Severity, Recommendations-The Federal Role, Recommendations-The National Association Role, Recommendations-The State Role", slide presentation by Willard Mays.

"California Department of Mental Health – Dual Diagnosis Program", State of California, Department of Mental Health, 1600 9th Street, Room 151, Sacramento, California 95814.

June

"National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders", Sponsored by National Association of State Mental Health Program Directors (NASMHPD) and National Association of State Alcohol and Drug Abuse Directors (NASADAD), Supported by Center for Substance Abuse Treatment (CSAT) Substance Abuse and Mental Health Services Administration and Center for Mental Health Services (CMHS) Substance Abuse and Mental Health Services Administration, Washington, DC, June 16-17, 1998.

“A Survey of Americans’ Views – Harris Poll Highlights Public’s Support of Addiction Treatment”, The Future of Addiction Treatment, pages 12,17,96,97.

“Drug Abuse and Addiction Are Biomedical Problems”, Alan I. Leshner, Ph.D., National Institute on Drug Abuse, Hospital Practice – A Special Report, April 1997.

APPENDIX D

Data and Recommendations from the "National Dialogue on Co-Occurring Mental Health and Substance Abuse Disorders" (From a joint meeting of the National Association of State Mental Health Program Directors [NASMHPD] and the National Association of State Alcohol and Drug Abuse Directors [NASADAD] June, 1998)

The Scope of the Problem
-United States-

- 10 million people nationwide have at least one co-occurring mental health and substance abuse disorder
- 3 million have at least three disorders
- 1 million have four or more disorders
- 7.2 million adults (18-54) are living independently and a majority are receiving **no** treatment

Recommendations
The Federal Role

- Modeling cooperation at the federal agency level
- Funding and evaluating integrated services for the most severely ill persons
- Supporting and funding models of consultation and collaboration
- Collecting and disseminating best practice models
- Identifying national resources/experts
- Continuing to support State and Association efforts

Recommendations
The National Association Role

- Adopt co-occurring disorders as a priority
- Create a joint NASMHPD/NASADAD standing committee
- Hold overlapping and/or joint meetings
- Develop a joint marketing plan
- Engage other key stakeholders

Recommendations
The State Role

- Adopt the conceptual framework
- Develop specific mechanisms for change
- Create and implement cross-training programs
- Fund pilot projects

APPENDIX E

WEB SITE RELEVANT TO DUAL DIAGNOSIS DISORDERS

American Academy of Addiction Psychiatry
http://members.aol.com/addicpsych/private/homepage.htm

Provides information on a wide range of addiction issues, including co-morbidity, research findings and technologies. Detailed information on education, research, treatment, public policy and educational materials is also provided.

American Council for Drug Education (ACDE), Affiliate of Phoenix House
http://www.acde.org

Offers details on ACDE prevention and education efforts designed to help diminish substance abuse based on the most current scientific research, programs, and materials. Provides access to publications and related web sites.

American Managed Behavioral Healthcare Association (AMBHA)
http://www.ambha.org

Describes AMBHA efforts to promote coverage of mental illness and addictive disorders in health benefits. Provides ordering information for reports, studies and a media kit.

American Society of Addiction Medicine (ASAM)
http://www.asam.org

Discusses ASAM's efforts to educate physicians and improve the treatment of individuals suffering from alcoholism and other addictions. The web site also offers information on accessing training activities, a discussion forum, practice guidelines, publications, public policy and links to state chapters. Includes a search engine.

Association for Medical Education and Research in Substance Abuse (AMERSA)
http://center.butler.brown.edu/AMERSA

Provides background information on the association, discusses the role of technology transfer, medical education and research in supporting faculty development and other educational programs in the substance abuse arena; and offers information on publications, discussions on various topics and links to other internet resources.

Bowes Center for Alcohol Studies (University of North Carolina)
http://www.med.unc.edu/alcohol/welcome.htm

Describes the center's efforts to improve intervention and treatment for alcohol abuse and alcoholism. Includes a calendar of events, newsletter, and links to other web sites.

Brown University Center for Alcohol and Addiction Studies (CAAS)
http://center.butler.brown.edu

Demonstrates how the Center promotes the identification, prevention and effective treatment of alcohol and other substance abuse problems in our society through research, publications, education and training. Provides detailed information on the CAAS Post-Doctoral Training Program in Alcohol Treatment and Early Intervention Research.

California Department of Mental Health Dual Diagnosis Page
http://www.dmh.cahwnet.gov/dualdiag.htm

Presents information on Dual Diagnosis Demonstration Projects (DDDP) as they assist the California Department of Mental Health and Department of Alcohol and Drug Programs in replicating demonstration programs in other counties at the end of the three year demonstration period. Also provides information on program evaluations, the Dual Diagnosis Project Forum, recent press releases and publications.

Center on Addiction and Substance Abuse (CASA) at Columbia University
http://www.casacolumbia.org

Describes the economic and social costs of substance abuse and its impact on the lives of Americans. Summarizes recent publications, news releases and various information on CASA research programs. A list of related resources and links to other web sites is provided.

The College on Problems of Drug Dependence (CPDD)
http://views.vcu.edu/cpdd

Discusses the role that the college plays as an independent body affiliated with scientific and professional societies representing various disciplines concerned with problems of drug dependence and abuse since 1976. Provides a history of drug dependence research, policy statements, information on research, fact sheets; a calendar of events and a list of related web sites.

The Dual Diagnosis Pages
http://www.monumental.com/arcturus/dd/ddhome.htm

Offers a dual diagnosis bibliography and a short list of continuing education providers in substance abuse, counseling, dual diagnosis and related topics. Provides a newsletter, site map, search engine and links to related web sites.

The Dual Diagnosis Web Site
http://www.erols.com/ksciacca/

Provides information and resources for service providers, consumers and family members who are seeking assistance and/or education in the area of substance abuse. Also provides information on educational and training opportunities, a dual diagnosis bibliography, bulletin board, chat room and a list of related web sites.

Dual Recovery Anonymous (DRA)
http://dualrecover.org/index.html

Describes how DRA helps individuals who are chemically dependent and also affected by an emotional or mental illness. Provides meeting information, access to the Dual Diagnosis Recovery Network Bookstore and other recovery links.

Indiana Prevention Resource Center (IPRC)
http://www.drugs.indiana.edu

Presents information on IPRC activities in the areas of prevention technical assistance and information about alcohol, tobacco and other drugs. This web site also provides a virtual library, prevention statistics, local and national prevention news and a calendar of upcoming events.

The Inter-University Consortium for Political and Social Research (ICPSR)
http://www.icpsr.umich.edu

Describes ICPSR's work within the Institute for Social Research at the University of Michigan to provide access to the world's largest archive of computerized social science data; training facilities for the study of quantitative social analysis techniques; resources for social scientists using advanced computer technologies; and data on education, aging, criminal justice, substance abuse and mental health. Several discussion forums are provided.

The Midas Dual Diagnosis Web Site
http://ourworld.compuserve.com/homepages/Rich_as_Midas/

Offers detailed information on consultation services, educational resources, residential programs, project development and research for those helping persons with mental illness and/or substance abuse disorders. An online newsletter includes conference reports, special events and a link to the Careers' Network.

National Association of Addiction Treatment Providers (NAATP)
http://www.naatp.org

Presents information on NAATP efforts to raise public awareness of addiction as a treatable disease, promote the highest standards of addiction treatment and secure adequate reimbursement for treatment programs. Provides discussions on national policy issues and legislative information, links to related web sites and a newsletter.

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
http://www.naadac.org

Provides tools for addiction-focused professionals who enhance the health and recovery of individuals, families and communities through education, advocacy, knowledge, standards of practice, ethics, professional development and research. Information on parity for alcohol and drug abuse treatment, discussions on legislative issues, a list of publications and links to other web sites are also provided.

National Association of Psychiatric Health Systems (NAPHS)
www.naphs.org

Explains how the association works to coordinate clinically effective treatment and prevention programs for people with mental and substance abuse disorders. Offers a resource catalog, news releases and marketing opportunities for behavioral health care advocates.

National Clearinghouse on Alcohol and Drug Information (NCADI)
http://www.health.org

Presents a wide range of information on alcohol and drug abuse facts, resources and referrals, research and statistics; current drug and alcohol abuse prevention campaigns and initiatives and a discussion of workplace issues. A list of publications, upcoming events, related web sites and related services are provided.

National Council on Alcoholism and Drug Dependence (NCADD)
http://www.ncadd.org

Provides information for alcoholics and their families; children, teenagers and parents; government policymakers; the media; the medical community, educators and other national health organizations. Provides information on the activities of the Committee on Treatment Benefits, an online communications center and a wide variety of publications.

National Drug Prevention League
http://www.ndpl.org/index.html

Provides a forum for national private-sector drug abuse prevention organizations; offers summaries of national surveys and studies; and discusses federal programs and budgets, federal legislative activities and other information resources. Press releases, links to other web sites, and other resources are also provided.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
http://www.niaaa.nih.gov

Describes how the National Institute on Alcohol Abuse and Alcoholism (NIAAA) supports and conduct biomedical and behavioral research on the causes, consequences, treatment and prevention of alcoholism and alcohol-related problems. Offers publications, press releases, a database containing information on alcohol abuse and alcoholism, research programs, frequently asked questions, legislative activities and access to databases and other alcohol-related resources.

National Institute on Drug Abuse
http://www.nida.nih.gov

Provides information on drug abuse, publications, international activities, training; scientific meetings and summaries, media advisories, funding information and links to related web sites.

Society for Prevention Research
http://www.oslc.org/spr/sprhome.html

Presents information on how the society works with scientists, practitioners, advocates, administrators, and policymakers toward the advancement of science-based drug, alcohol and tobacco use and abuse prevention programs and policies through empirical research. Provides information on the International Classification of Preventive Trials, a newsletter and the Early Career Preventionists Network.

Web of Addictions (WOA)

http://www.well.com/user/woa

Offers a “rolodex” of organizations working in the substance abuse arena; links to addictions-related web sites; a collection of fact sheets on various drugs; upcoming meetings and detailed information on special topics.